



## Christy-Houston Foundation

1296 Dow Street  
Murfreesboro, TN 37130

Phone 615-898-1140  
Fax 615-895-9524

August 15, 2012

Mayor Ernest Burgess  
Rutherford County Courthouse  
One Public Square, Suite 101  
Murfreesboro, TN 37130

Dear Ernest,

I am pleased to inform you that the Directors of the Christy-Houston Foundation at their monthly meeting held today approved your grant request in the amount of \$389,000.

Enclosed is the Grant Terms and Conditions contract for your signature. Please send it back to our office and we can then process the grant check.

Thank you for your leadership and the contribution you provide to our county.

Sincerely,

THE CHRISTY-HOUSTON FOUNDATION

Robert B. Mifflin  
President

RBM/dlt  
Enclosure

**THE CHRISTY-HOUSTON FOUNDATION**  
**GRANT TERMS AND CONDITIONS**

Date August 15, 2012

Dear Mayor Burgess:

The Christy-Houston Foundation ("the Foundation") is pleased to inform you that its Board of Directors has elected to award a grant of \$ 389,000.00 to your organization in response to your grant application dated June 21, 2012.

Under provisions of Internal Revenue Service regulations, applicable to the Foundation, all grant funds must be expended solely for charitable, scientific, or educational purposes. No part of the funds can be used in any way that might influence or otherwise further a political or legislative process, nor will they be used in any manner detrimental to the Foundation's reputation or contrary to its goals and objectives. This grant is awarded only for the purpose(s) stated in your grant application as follows:

\$264,000 to replace 12 cardiac monitors for 12 frontline ambulances  
\$125,000 to help build a fire station for Fosterville/Midland area

You confirm that you are a governmental entity, agency, or instrumentality.

The Foundation will make the grant funds available upon your agreement with these Grant Terms and Conditions, or over a n/a year period beginning n/a. The funds will be distributed in 1 increments, each distribution to be made upon your written request for payment. If the grant funds are distributed in a single payment, it is expected that the funds will be totally expended within one year of the date of receipt of the funds, and if not so expended, you agree to submit a written request for an extension which will include a summary progress report.

You will be required to furnish a written report to the Foundation upon completion of the grant period. If the grant period exceeds one year, interim reports are to be furnished at the close of each twelve month period in addition to the final report. You agree to provide such additional information, reports, and documents as the Foundation may request. The Foundation may conduct an evaluation of your progress made under this grant, which may include a visit from Foundation personnel to observe your program and to review financial records pertaining to the activities financed by this grant.

Any portion of the grant funds improperly used or not expended for the purpose of the grant, as stated herein, will be returned to the Foundation together with any income earned

The undersigned understands and agrees to the Terms and Conditions of the grant.

Rutherford County  
Applicant Organization

Date

8/17/12

Ernest A. Burgess, Mayor  
For the Applicant

**RUTHERFORD COUNTY, TENNESSEE  
BUDGET AMENDMENT REQUEST  
AMBULANCE SERVICE FUND**

Requesting Department: Finance for Ambulance

Signature of Department Head: *[Signature]*

Date Requested: 6-Sep-12

Approved By: *[Signature]*

Date Approved: \_\_\_\_\_

Account No. & Description	Original Budget	Amended to Date	Actual to Date	Requested Increase	Requested Decrease	Amended Appropriation
118-48130 - Contributions	\$ -	\$ -	\$ 16,000	\$ 264,000		\$ 264,000
118-55130-735 - Health Equipment	\$ 15,000	15,000	-	264,000		\$ 279,000
						\$ -
						-

**EXPLANATION FOR ABOVE AMENDMENT REQUEST**

To recognize grant revenue in the amount of \$264,000 to be received from the Christy Houston Foundation and to appropriate the grant funds for the purchase of 12 cardiac monitors for 12 frontline ambulances.

**Finance Department Use Only**

Date Posted: \_\_\_\_\_

Posted By: \_\_\_\_\_